

**TAX PREPARER REQUEST
TO ELECTRONICALLY FILE TAX RETURNS**

CALIFORNIA DEPARTMENT OF TAX AND FEE ADMINISTRATION

ACCOUNT INFORMATION*Please print*

CDTFA ACCOUNT NUMBER(S)	NAME OF TAXPAYER

Note: Attach additional pages as needed. Owners of record for each account will receive written notification of this request to electronically file returns. You will receive email confirmation that your request has been granted.

TAX PREPARER INFORMATION

I certify under penalty of perjury that I file the tax returns for the California Department of Tax and Fee Administration (CDTFA) accounts listed above and request the ability to electronically file on their behalf.

All fields are required

NAME OF TAX PREPARER <i>(please print)</i>		DRIVER LICENSE NUMBER
ADDRESS <i>(street, city, state, zip code)</i>		TELEPHONE NUMBER ()
EMAIL ADDRESS	ARE YOU CURRENTLY REGISTERED TO FILE ONLINE WITH THE CDTFA? <input type="checkbox"/> Yes <input type="checkbox"/> No	
TAX PREPARER SIGNATURE		DATE

Return this form to:

California Department of Tax and Fee Administration
Customer Service Center, MIC:90
PO Box 942879
Sacramento, California 94279-0090